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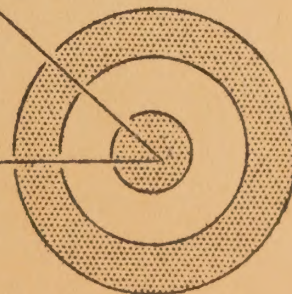
HOMEMAKER DEMONSTRATION PROJECT

COUNCIL OF SOCIAL PLANNING - ALAMEDA COUNTY

FEBRUARY 1963

REPORT NO. 30

a better community



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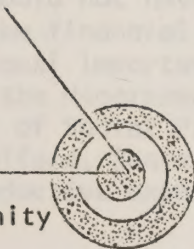
REPORT OF THE

HOMEMAKER DEMONSTRATION PROJECT

A pilot project jointly sponsored by
COUNCIL OF SOCIAL PLANNING - ALAMEDA COUNTY
and
DEPARTMENT OF SOCIAL WELFARE - STATE OF CALIFORNIA

F E B R U A R Y - 1 9 6 3

a better community



REPORT NO. 30
COUNCIL OF SOCIAL PLANNING - ALAMEDA COUNTY
337 - 13 STREET, OAKLAND 12, CALIFORNIA
834-3994

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February 15, 1963

Mr. J. M. Wedemeyer, Director
Department of Social Welfare
State of California
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Sacramento 14, California

Board of Directors
Council of Social Planning-Alameda County
Judge Robert H. Kroninger, President
337 - 13th Street
Oakland 12, California

Homemaker Service Advisory Committee
Mrs. Frederic S. Hirschler, Chairman
337 - 13th Street
Oakland 12, California

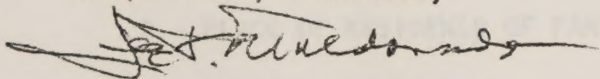
Ladies and Gentlemen:

Presented herewith is a report of the Homemaker Service Demonstration Project co-sponsored by the Department of Social Welfare and the Council of Social Planning-Alameda County during the period April 1, 1961 through December 31, 1962. We have tried to present the material objectively by pointing out gaps and problem areas as well as accomplishments.

It is highly unusual for a Council of Social Planning to operate a direct service program such as Homemaker Service, but the circumstances seemed to warrant this experience. The results speak for themselves. However, we can now state that in this instance, actually carrying out our own recommendation was much more difficult to do than it was to develop the recommendation itself. We believe that recognition of this fact has made us more thoughtful and better planners.

It is obvious that we could not have carried out the Homemaker Service Demonstration without the financial support of the Department of Social Welfare. However, of equal importance was the excellent staff assistance which we received from the department at all levels. The team work of volunteers, the Council of Social Planning staff and the staff of the Department of Social Welfare, State of California, made a most difficult task a pleasant and productive experience.

Respectfully submitted,



Joe P. Maldonado
Executive Director
Council of Social Planning -
Alameda County

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 Mrs. Jean Herrer, Project Secretary

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 Mrs. Alice Hodgson, California Dept. of Social Welfare
 Mr. Earl Holt, California Dept. of Social Welfare
 Mrs. Ruth Edwards, California Dept. of Social Welfare
 Mrs. Jane Wilson, California Dept. of Social Welfare

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HOMEMAKER SERVICE ADVISORY COMMITTEE:(As of December 1962)

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Judge Robert Bostick

Mrs. Ann Browne

Reverend Robert Challinor

Miss Hattie Espy

Mrs. Barbara Gleason

Ruth Jolly, M.D.

Miss Sylvia Bryson

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Louis J. Ruschin, M. D.

Mrs. John J. Tangney

Mrs. Ruth Walker

Mrs. Joseph Woods

Mrs. Leonard Ortega

Mrs. Justin Daregeloh

Mrs. Allan Waltan

STAFF:

Mrs. Myrtle Lytle, Project Director

Mrs. Lois Siminoff, Acting Director (2 months)

Mrs. Jean Murray, Project Secretary

CONSULTANTS:

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Mrs. Alice Hagedorn, California Dept. of Social Welfare

Mr. Karl Hoit, California Dept. of Social Welfare

Miss Ruth Newborgh, California Dept. of Social Welfare

Miss Janet Wilson, California Dept. of Social Welfare

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 Dr. Norval Smith
 Mrs. Anthony Splivalo
 Mrs. Gene Steadman
 Robert Ward
 Alfred G. Wardley
 H. J. Weddle

Executive Director - Joe P. Walbondado

ACKNOWLEDGMENTS

The first Chairman of the Steering Committee for Homemaker Service was the late C. Russell Rees of Berkeley. Robert MacNeur of Oakland succeeded Mr. Rees, when he was forced to resign because of poor health. Mr. MacNeur gave vigorous leadership and devoted service for just over a year, when his business commitments forced his resignation. At this point, the Chairmanship passed to Mrs. Frederic S. Hirschler, and under her able leadership, it was possible to consolidate the strengths and overcome the weaknesses in the service and finally to insure its permanence as a budget participating member of the United Bay Area Crusade family.

Mr. Rees served during the planning stage, Mr. MacNeur during the actual organization for operation, and for the first few months of operation, while Mrs. Hirschler took on an operative service which was facing problems on several fronts. To these three community leaders, to the members of the Citizens Committee, the Steering Committee, which became the Advisory Committee and to the Alameda County United Fund Executive Committee, as well as to the many professionals concerned, Alameda County owes a debt of gratitude.

From the inception of the Demonstration Project, when it was still a dream in the minds of the members of the County Committee on Aging, the utmost in high-quality professional consultation service was available through the good offices of the State Department of Social Welfare, San Francisco Area Office. Mr. Karl Hoit of the Area Staff, helped to launch the project successfully by giving encouragement and leadership in the initial stages and responded generously at all times when his help was requested. Special consultants assigned to the project by the State Department, helped to keep the standard of service high and, in fact, gave assistance far beyond the call of their professional responsibility. The project was well served, first by Mrs. Alice Hagedorn, then by Miss Janet Wilson, and throughout the actual operative stage, by Miss Ruth Newburgh.

It is never possible to acknowledge the debt owed to all of the persons who gave generously to make a Homemaker Service possible in Alameda County. There were, for example, many staff people from local public and voluntary agencies who helped with the training of the original group of Homemakers or who worked on the professional planning committee or on other committees as the project developed. Within the Council of Social Planning staff, generous contributions of time and talent came from many staff workers. The project staff, Mrs. Myrtle C. Lytle, Director, and Mrs. Jean Murray, Secretary, deserve full credit for dedicated service. Mrs. Gladys Worthington, Social Planning Consultant, carried the community organization responsibility that led to the demonstration, and was called upon to assist from time to time throughout the life of the project.

If we have overlooked the mention of any individual or organization who gave assistance to the project, it is not an intentional slight, but comes about because so many residents of Alameda County gave so much that families in Alameda County might have the benefits of Homemaker Service.

HISTORICAL BACKGROUND

After a nine-year period, when women's work was by voluntary agencies, the Alabama County Extension Service was organized in 1916. It was a direct result of the passage of the Federal Extension Act, which provided for the establishment of county extension services in all states.

For a nine-year period, the family and child welfare service of the Alabama County Extension Service was a voluntary service, with funds from the county and state.

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Over a nine-year period, many attempts were made by voluntary agencies in Alameda County to solicit from private philanthropic foundations funds with which to operate a Homemaker Service. In all cases a single agency made the request for funds and in only one case did an agency seek the approval of the Council of Social Planning in making its appeal.

For a three-year period, the Family and Children's Service of Berkeley actually operated a limited Homemaker Service with funds drawn from its current annual budgets. This service, even with the many restrictions it faced, contributed significantly to the welfare of families in the Berkeley area. Service was discontinued through a combination of financial difficulty and staff change in 1959.

While the Berkeley service was still operative, requests to the Federation of Community Services from several community groups asking that a Homemaker Service be established were received and referred to its County Committee on Aging. In January, 1959 the County Committee on Aging published its "Report of the Need for Homemaker Service". This report included data supplied by 31 Health and Welfare Agencies in Alameda County, both tax-supported and voluntary. The data showed that for the three-month period covered by the survey, a total of 416 families were reported by the agencies as needing Homemaker Service.

The Board of Directors of the Federation authorized the use of staff time to work with the agencies involved in the survey to see whether or not it might be possible to implement the recommendation of the survey and establish Homemaker Service in Alameda County.

The initial step toward implementation was a meeting of the agencies concerned in the survey at which the findings were reported. At this meeting the agencies voted unanimously that steps should be taken to start a Homemaker Service. A professional Planning Committee was appointed and the agencies each agreed to name two lay persons to a Citizens' Committee. In all, 96 persons were named to the Citizens' Committee, and it was from this group that the Steering Committee of 25 was chosen. The original plan for the service was a two-year demonstration under a voluntary agency which would be set up and then go out of business at the end of the demonstration.

In September, 1960 when the welfare planning machinery of Alameda County was reorganized and the Council of Social Planning-Alameda County emerged as the single social planning body, one of its inherited pieces of unfinished business was the partially organized Homemaker Service. At this point, some changes were made in the original plan. It was decided that the two-year demonstration should be made under the aegis of the Council of Social Planning-Alameda County. The Council Board of Directors took this action for the following reasons:

1. Service could be provided for a limited period during which the community would be able to judge the usefulness of the service.

2. Setting up an independent voluntary agency might limit flexibility at a later date since the vested interests created by such a structure might mitigate against desirable change.
3. A new agency might not have the strength to win community approval and support, while conversely the Council would be able to contribute seasoned community leaders, long experience in planning and the support of its six Area Councils.

At an open meeting of the Homemaker Steering Committee held on December 14, 1960 which was attended by some sixty agency representatives, the new plan for operating Homemaker Service as a Pilot Project under the Council of Social Planning-Alameda County was explained and discussed. No opposition was voiced and it was agreed to proceed as suggested.

At this same meeting it was reported that the State Department of Social Welfare had acted favorably upon the request made by the Homemaker Steering Committee and make available a grant of \$10,000 from Child Welfare Services Funds to help develop and operate a Homemaker Service in Alameda County.

By December, 1960, the Homemaker Steering Committee had raised from:

Agency Donations	\$ 6,550.00
Service Clubs and	
Other Organizations	<u>3,290.00</u>
Total	\$ 9,840.00

Pledges by agencies to purchase service were estimated to be worth \$14,000 so that in theory the Service would have, including the \$10,000 from Child Welfare Services, \$33,840. This seemed to be adequate for a limited demonstration program, and as soon as the Council Board accepted responsibility for the two-year demonstration, the Steering Committee was dissolved and a new Homemaker Advisory Committee set up.

HOMEMAKER SERVICE ADVISORY COMMITTEE

The Homemaker Service Advisory Committee was created for the purpose of advising the Director of Homemaker Service regarding problems that might be encountered in the day by day operation of the service, as well as to develop recommendations and policy for approval of the Board of Directors of the Council of Social Planning - Alameda County. The Homemaker Service Advisory Committee was at all times responsible to the Board of Directors of the Council.

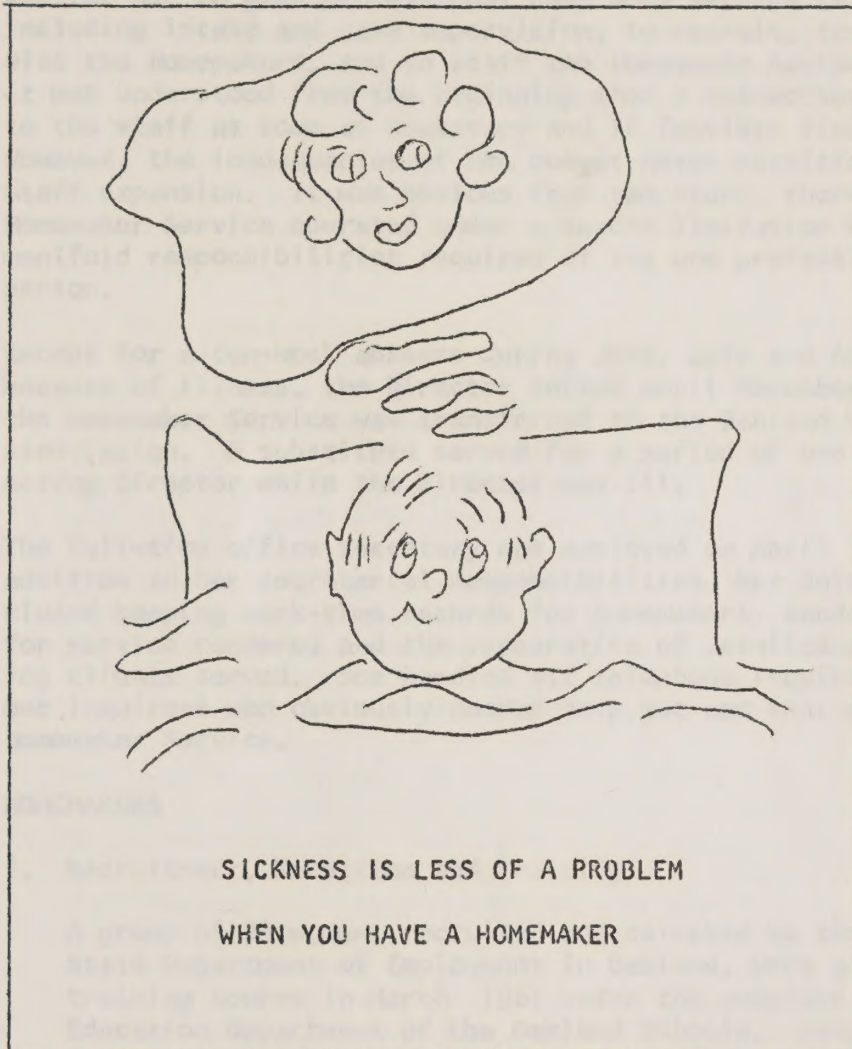
During the period between February and May of 1961 when the Service opened it carried out the following assignments:

1. Recommended policies and procedures for operation of the Service.
2. Assisted in developing policies and procedures around the recruitment and training of 23 homemakers.
3. Obtained housing for Homemaker Service at the offices of the Oakland Visiting Nurse Association.

Members of the Homemaker Advisory Committee gave of their time and talent unstintingly despite many problems which the Service faced during its pilot period.



The Director of Home Care Service was appointed on April 15, 1961 by the Executive Director of the Office of Social Planning. He was a man who was well-versed in the field of social planning, a trained and experienced family counselor, and was able to provide excellent leadership in the planning for the demonstration. The plan



SICKNESS IS LESS OF A PROBLEM

WHEN YOU HAVE A HOMEMAKER

S T A F F

STAFF

A. PROFESSIONAL AND CLERICAL

The Director of Homemaker Service was employed on April 10, 1961 by the Executive Director of the Council of Social Planning-Alameda County to whom she was administratively responsible. The Director, a trained and experienced family caseworker, was engaged to provide executive leadership to the service for the demonstration. The plan was for her to give professional case work service to the families, including intake and case supervision, to recruit, train and supervise the Homemakers, and to staff the Homemaker Advisory Committee. It was understood from the beginning that a caseworker would be added to the staff as soon as necessary and if feasible financially. However, the inadequacies of the budget never permitted this logical staff expansion. It was obvious from the start, therefore, that the Homemaker Service operated under a severe limitation because of the manifold responsibilities required of its one professional staff person.

Except for a ten-week absence during June, July and August, 1962 because of illness, the Director served until December 31, 1962 when the Homemaker Service was transferred to the Oakland Visiting Nurse Association. A substitute served for a period of one month as Acting Director while the Director was ill.

The full-time office secretary was employed on April 13, 1961. In addition to her secretarial responsibilities, her duties also included keeping work-time records for homemakers, sending out bills for service rendered and the preparation of detailed records indicating clients served. She handled all telephone inquiries and screened out inquirers who obviously needed help but not that provided by Homemaker Service.

B. HOMEMAKERS

1. Recruitment, Selection and Training

A group of 23 women, recruited and selected by the California State Department of Employment in Oakland, were given a 30-hour training course in March 1961 under the auspices of the Adult Education Department of the Oakland Schools. Many of the women trained in this class, faced with a need for regular employment, took other employment. Six were still with the service on December 31, 1962.

Selective recruitment and training of homemakers continued into the summer of 1962 in order to meet the needs of the service. Referrals were made by the State Department of Employment in Oakland, Alameda and Hayward. In addition, referrals were made by homemakers, by friends of the program, by the Visiting Nurse Association and others. Over 200 women telephoned or dropped into the office wishing to make application for jobs as homemakers. They had read of the service in the news, heard of it from an agency or friends, or met a homemaker on a bus.

In selecting homemakers, the qualifications usually considered were: successful homemaking experience either at home, in a paid capacity or both; good physical condition; ability and personality to work with children and adults; good judgment, tact and resourcefulness in meeting situations and problems in the home; ability to be adaptable and flexible; known to be of good character; and the motivation for wishing to be a homemaker. Qualification was determined through interviews, physical examination and follow-up on references.

During the period of operation, training of new homemakers was, of necessity, limited to: orientation to the program, discussion of the needs of varying age levels served, understanding the effect of illness and dependency, and information as to how the homemaker might contribute to the comfort and well-being of the individual and family. In addition, the homemaker was carefully instructed for each new assignment followed by discussion of the family needs after she had been in the home.

The homemakers attended a two hour in-service training meeting at the office on Saturday mornings. They were very responsive to training, participated readily in the discussions, shared experiences, learned from each other and from the formal presentations.

Plans for small training classes of 3 to 5 members did not materialize because of limited staff time.

From the experience with the initial 23 trainees it was learned that there were areas of misunderstanding. One of these was that placement would be provided as soon as the program began. Since this was impossible, those whose livelihood was dependent upon their earnings as homemakers took other employment.

The lack of guarantees of a minimum salary or number of work hours per month all too frequently meant losing additional homemakers to other employment. The solution to this problem may be found in county-wide recruitment that is primarily geared to finding women with the necessary qualifications who are free to work but are not wholly dependent upon their earnings. Capable, trained homemakers, with cars, available on a call basis are needed in Fremont, Livermore, Union City, Pleasanton and other outlying areas in southern Alameda County that are not accessible to public transportation.

2. Assignments

The homemakers were available for assignment from a minimum of 2 hours to 8 hours a day for five days a week. Each assignment was individualized and adapted to meet the specific needs of each case. In families, provision for the care and supervision of children and the maintenance of the home usually required that the assignment cover the period of the father's absence at work. The hours of assignment in many families were in excess of 8 hours per day, arranged to begin when the father left for employment and terminating on his arrival home. This required great flexibility in scheduling assignments with the homemaker going into the home for periods that might begin at any hour of the day.

In unusual circumstances and to meet an emergency until other arrangements could be made, assignments had to be made for 24 hour coverage. These assignments were infrequent as emphasis was placed on working out an alternate plan for family members, friends or neighbors to assist during these hours. Most of the homemakers were willing to work the hours their service was most needed and to meet the emergencies that arose.

3. Remuneration

The homemakers were employed part-time on call and paid at the rate of \$1.50 per hour of service in the assigned home. They were paid round trip bus fare for travel to each assignment. Homemakers who used their own cars received the equivalent of bus fare. Twelve homemakers wore attractive uniforms furnished by the agency, which they were responsible for laundering.

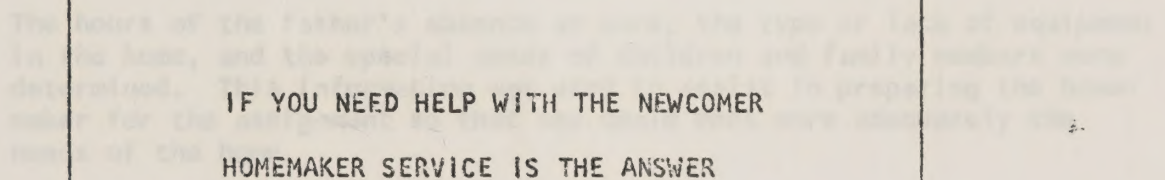
The homemakers were covered by Social Security for Old Age and Survivors Insurance and by Workmen's Compensation.

No provision was made for compensation for vacations, holidays, or illness. Every effort was made to assign each homemaker a maximal number of hours each month. This was not always possible because of intake fluctuations, widespread geographical location of homes, length of time spent in traveling and the number of hours required in each home.

OFFICE LOCATION AND EQUIPMENT

The office of Homemaker Service was first housed in office space provided rent free by the Visiting Nurse Association at 3790 Grand Avenue, Oakland, California. As this space was small it became increasingly inadequate to the overall needs of the program. In January, 1962 the office moved to the headquarters office of the Council of Social Planning-Alameda County at 337 - 13th Street, Oakland, California. This office provided necessary privacy and solved the problems of telephone coverage during working hours by the cooperative help of the council staff. The location is near downtown transportation so the office was more readily accessible to clients coming to the office, as well as to homemakers.

The office equipment was kept at a minimum. Two desks were on loan, one from Council of Social Planning-Alameda County and one from Alameda County United Fund. Used chairs for the staff as well as a used typewriter were purchased. An earmarked gift purchased a four-drawer locked file. A cupboard for supplies was donated by Oakland Visiting Nurse Association, and a conference table by the Oakland Y.W.C.A.



P R O G R A M

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PROGRAM

A. INTAKE AND FOLLOW-UP

Applications for the service of a homemaker were submitted from many sources. The need for service was discussed and assessed by home visit, office visit, or by telephone. The majority of cases accepted were due to illness or physical incapacity of the mother in families or of a chronically ill adult or aged person. The attending physician was consulted for confirmation of the nature and length of the illness, the patient's limitations at time of discharge from the hospital, or if under medical care, in the home. With the trend toward shorter periods of hospitalization and emphasis on care in the home, this information was exceedingly pertinent not only in determining the need for the services of a homemaker, but also to define the specific functions that the homemaker could undertake in the home in order to speed convalescence and recovery. If nursing service was required, plans were made for the services of a visiting nurse if the need could be met in this way. If the need for nursing care could not be met by a visiting nurse, the service could not be provided, as homemakers were not qualified to give nursing service. If the family was known to an agency, the need and the plan was discussed with the social worker or nurse who was carrying the case. When it was determined that provision of Home-maker Service was the best plan for meeting the need, the frequency and number of hours per day or per week was arranged. At this time, the client's ability to pay full or part of the regular fee was ascertained. Because of donations and the Child Welfare Service Funds provided by the State Department of Social Welfare, it was possible to provide service to families with children where there was partial or no ability to pay, or where payment would only have increased the financial burden already confronting the family.

The hours of the father's absence at work, the type or lack of equipment in the home, and the special needs of children and family members were determined. This information was used to assist in preparing the homemaker for the assignment so that she could meet more adequately the needs of the home.

The family was told what services could be expected of the homemaker and what she was not permitted to do. As routine visits into the home were not made, the family was told to call the office when emergencies or changes arose. Contact with the family was initiated frequently and routinely in order to be current on changes or developments, the progress being made by the patient whether in the home or hospital, and to make any adjustments that would result in more effective service. With the elderly, contact was made less frequently as the service tended to be needed over longer periods of time. The homemaker was also encouraged to discuss any changes she saw or any problem she might have in providing meaningful service. All of these activities led to re-evaluation of the need, so that hours of service might be decreased or increased, service might be terminated, or another plan made to meet the needs of the family in a more satisfactory manner.

A. TAKE AND FOLLOW-UP

Applications for the service of a homemaker were submitted from many sources. The need for service was discussed and assessed by home visit, office visit, or by telephone. The majority of cases assigned were due to illness or physical incapacity of the mother, in families or of a child, or an adult or aged person. The attending physician was consulted for confirmation of the nature and length of the illness; the physician's limitations at time of discharge from the hospital, or if under medical care, in the home. With the trend toward shorter periods of hospitalization and emphasis on care in the home, this information was exceedingly pertinent not only in determining the need for the services of a homemaker, but also to define the specific functions that the homemaker could undertake in the home in order to speed convalescence and recovery. If nursing service was required, plans were made for the services of a visiting nurse if the need could be met in this way. If the need for nursing care could not be met by a visiting nurse, the service could not be provided, as homemakers were not qualified to give nursing service. If the family was known to an agency, the need and the plan was discussed with the social worker or nurse who was carrying the case. When it was determined that provision of homemaker service was the best plan for meeting the need, the frequency and number of hours per day or per week was arranged. At this time, the client's ability to pay full or part of the regular fee was ascertained. Because of donations and the Child Welfare Service funds provided by the State Department of Social Welfare, it was possible to provide service to families with children where there was partial or no ability to pay, or where payment would only have increased the financial burden already confronting the family.

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B. *VOLUME OF SERVICE AND UNIT COST

During the period in which the Homemaker Service operated, a total of 130 families and 88 adults received service; thus a grand total of 218 households benefited from the demonstration project.

The number of hours of service needed varied from case to case, but generally speaking, families with young children having the mother out of the home because of illness or accident tended to have heavy short-term critical periods of need. For example, such a family might need many hours of service daily for a short time. On the other hand, adult cases, the majority of which involved elderly persons, tended to need a few hours of service daily, or a few times each week, but over a fairly long period of time. On the average, however, there was not too much difference for the average family required 112.6 hours of service while the average adult case used 100 hours of Homemaker Service.

The grand total of hours of Homemaker Service given during the period May, 1961 through November 30, 1962 was 23,500. Of this total, 14,643 went to families and 8,857 to adults. Total disbursement for the entire program amounted to \$61,454 or \$2.70 per hour of service. (The financial aspects of the demonstration will be presented later in this report.) Comparing the unit cost of \$2.70 per hour of service with that of other programs throughout the country shows that the unit cost here was well below the most expensive programs which cost over \$3.00 per hour, and in line with the least expensive programs which cost around \$2.60 per hour. Considering the fact that the restrictions of budget and staff did not permit the program to operate at a position of optimal efficiency in terms of service volume, unit costs compare favorably. It should be pointed out that the unit cost includes the cost of professional casework, supervision and training of homemakers, clerical and office expenses, transportation and general administration.

* Based on services from May, 1961 through November 30, 1962. December not included because statistical report compiled prior to end of December 31, 1962.

Table I below shows the Volume of Service for the period May 1, 1961 through November 30, 1962 of the Demonstration:

TABLE I

Volume of Service
For Each Month
Of The Demonstration

	<u>New Cases Accepted by Month</u>		<u>Active Receiving Service 1st of Month</u>	<u>Total Served Ea. Month</u>	<u>No. Completed</u>	<u>No. Home- Makers</u>
	<u>Family</u>	<u>Adult</u>				
May 1961	6	8	0	14	3	11
June	3	1	11	15	6	13
July	2	5	9	16	6	10
Aug.	0	2	10	12	1	8
Sept.	2	3	11	16	6	8
Oct.	8	7	10	25	11	11
Nov.	7	5	16	28	13	13
Dec.	8	7	13	28	12	16
Jan. 1962	11	8	16	35	14	16
Feb.	6	1	21	28	9	12
Mar.	12	9	19	40	13	15
April	12	4	27	43	16	20
May	8	5	27	40	10	21
June	8	6	30	44	20	20
July	6	5	24	35	16	17
Aug.	11	5	19	35	12	15
Sept.	7	4	23	34	7	18
Oct.	8	2	27	37	12	19
Nov.	<u>5</u>	<u>1</u>	<u>25</u>	<u>31</u>	<u>12</u>	<u>15</u>
	130	88	338	556	199	

Average No. of Cases Receiving Service Each Month 29

Average No. of Cases Receiving Service Each Month
from January 1, 1962 36

C. *SOURCE OF REFERRALS AND THEIR DISPOSITION

During the course of the demonstration there were a total of 709 referrals made to Homemaker Service. Nearly twice as many requests for service came from the family needing service as from any other source. These families learned about the service from newspapers, the telephone book, in Senior Citizen Clubs, from friends, from neighbors, or from casual contacts with Social or Health Agencies. The family then called the Homemaker Service directly. Forty-three percent or 304 requests for service originated this way. The next largest group of referrals, 167 or 23%, were those in which a friend or relative called on behalf of the family needing service. Public and Voluntary Health Agencies referred 111 cases or 16% of the total referrals received. The remaining 127 referrals (18%) were made by Voluntary Social Agencies, 49 (7%); Alameda County Welfare Department, 41 (6%); Physicians, 22 (3%); and other public agencies, for example, Probation, Urban Renewal, etc., 15 (2%).

Table II, "Source of Referrals" appears below:

TABLE II

Source of Referrals
by Number and Percentage
May 1, 1961 through Nov. 30, 1962

<u>Source of Referrals</u>	<u>No.</u>	<u>Percent of Total Referrals</u>
Self	304	43
Relative or Friend	167	23
Public and Voluntary Health Agencies	111	16
Voluntary Social Agencies	49	7
Alameda County Welfare Dept.	41	6
Physicians	22	3
Other Public Agencies, e.g. Probation, Urban Renewal, etc.	<u>15</u>	<u>2</u>
Total	709	100

* Based on services from May, 1961 through November 30, 1962. December not included because statistical report compiled prior to end of December 31, 1962.

The requests for service can be divided as follows: 411 were from families with small children and 298 were from adult families, making a total of 709. Homemaker Service was given to 130 of the 411 families, or 31.4% of those asking for service. Of the 298 adult families requesting service, 88, or 29.5% received service. The Disposition of All Requests for Service is shown in Table III.

TABLE III
Disposition of
Requests for Service
By Family and Adults

<u>Disposition</u>	<u>Family</u>	<u>Adults</u>	<u>Total</u>	<u>%</u>
Accepted	130	88	218	31
Withdrawn or failed to complete application	86	57	143	21
Made other plans	85	55	140	20
Referred to Community Resources	61	48	109	14
Needed other type service	26	31	57	8
Other reasons	<u>23</u>	<u>19</u>	<u>42</u>	<u>6</u>
Totals	411	298	709	100

D. REASONS FOR NEEDING HOMEMAKER SERVICE

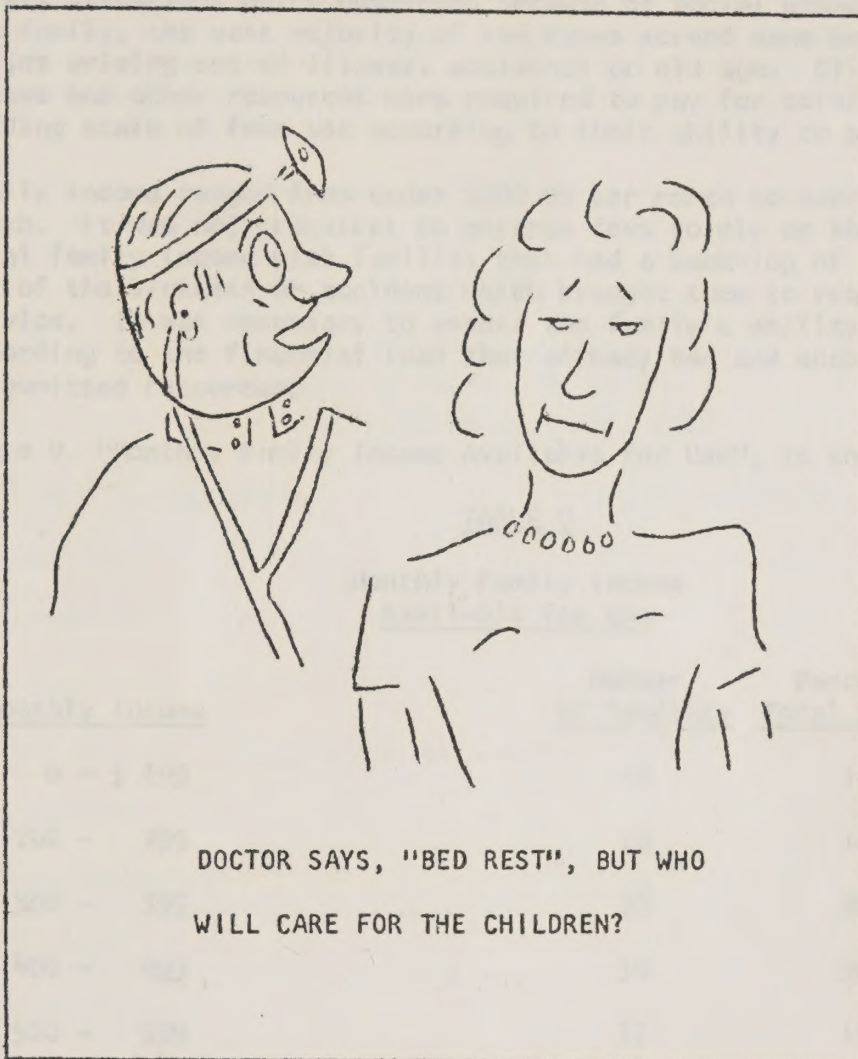
With the adult families, the reason for service in all cases was either acute or chronic illness. In these cases, old age, with the deterioration it brings in physical health, produced a high proportion of heart, cancer and arthritic conditions.

The families with small children showed a greater variety of illnesses, and in many cases the situation was urgent, since the mother was out of the home. Table IV which follows gives the reasons service was needed by families.

TABLE IV

Reasons Service was Needed by Families
By Number and Percent
May 1, 1961 through Nov. 30, 1962

<u>Reasons for Service</u>	<u>Number</u>	<u>Percent</u>
Childbirth, Complications at delivery or following, including Caesarians, laparotomies, etc.	40	30.8
Chronic Illness	25	19.2
Cancer 10		
Multiple Sclerosis 5		
All other, including 10 arthritis, heart ail- ments, paraplegia, collagens disease, lupus		
Major Surgery	20	15.4
Acute Illness	18	13.9
Pnuemonia, influenza, infectious hepatitis, etc.		
Mental Illness	15	11.5
Accidents	11	8.4
Fractures, Concussions, etc.		
Death	<u>1</u>	<u>0.8</u>
	130	100.0



NATURE OF CLIENTELE

NATURE OF CLIENTELE

A. INCOME

The service was offered on a county-wide basis, to all age groups and to those on all income levels. Although a few cases represented crisis situations which developed because of social breakdown within the family, the vast majority of the cases served came because of crises arising out of illness, accidents or old age. Clients having income and other resources were required to pay for service on a sliding scale of fees set according to their ability to pay.

Family income ranged from under \$200.00 per month to over \$600.00 per month. It was not practical to arrange fees solely on the basis of total family income with families that had a back-log of debts arising out of the sickness or accident which brought them to request Homemaker Service. It was necessary to assess the family's ability to pay according to the financial load they already had and according to their uncommitted resources.

Table V, "Monthly Family Income Available for Use", is shown below.

TABLE V

Monthly Family Income
Available for Use

<u>Monthly Income</u>	<u>Number of Families</u>	<u>Percent of Total Families</u>
\$ 0 - \$ 199	16	12
200 - 299	18	14
300 - 399	26	20
400 - 499	39	30
500 - 599	17	15
600 - & over	7	5
Alameda County Welfare Dept.	<u>7</u>	<u>5</u>
Total	130	100%

B. *PLACE OF RESIDENCE OF FAMILIES AND ADULTS SERVED

As might have been expected, the bulk of the service was given at the northern end of Alameda County where the largest concentrations of population are located. Since this was the area of the county that made the heaviest financial commitment to the service, and to which the existence of the service was best known, this might explain in part why most service went to this area. However, the lack of public transportation on suitable time schedules and the lack of homemakers available for assignment in the southern part of Alameda County also accounts for the smaller number of families served in that area.

Table VI, "Place of Residence of Families and Adults Served" shows the spread of service given on a geographic basis.

TABLE VI

Place of Residence
of Families and Adults Served
May 1, 1961 through Nov. 30, 1962

<u>Place of Residence</u>	<u>Family</u>	<u>Adults</u>	<u>Total</u>
Oakland	42	44	86
Berkeley	41	28	69
Hayward-San Lorenzo	14	2	16
San Leandro	8	7	15
Alameda	8	6	14
Castro Valley	8	1	9
Fremont	8		8
Livermore	<u>1</u>	<u>—</u>	<u>1</u>
Total	130	88	218

* Based on services from May, 1961 through November 30, 1962. December not included because statistical report compiled prior to end of December 31, 1962.

C. SIZE OF FAMILIES

In the 130 families served during the demonstration, the number of children per family ranged from one child, to one family with eleven children. The average number of children per family served was three.

Table VII which shows the "Number of Children in the Families Served" follows:

TABLE VII

Number of Children
In Families Receiving Service
May 1, 1961 through Nov. 30, 1962

<u>Size of Family</u>	<u>No. of Families</u>	<u>No. of Children</u>
1 Child	21	21
2 Children	35	70
3 Children	39	117
4 Children	18	72
5 Children	7	35
6 Children	3	18
7 Children	1	7
8 Children	4	32
9 Children	0	0
10 Children	1	10
11 Children	<u>1</u>	<u>11</u>
Total	130	393

Among the adults served, 49 were single persons living alone; 15 were living with a member of their family, usually with a son or daughter; and 24 were childless married couples.

D. NATIONALITY AND ETHNIC GROUPINGS

The 130 families with children were, with the exception of three families, native born Americans. These three families were graduate students of the University of California, one from Argentina, one from Canada and one from Persia.

The racial mixture in the families with children was as follows:

TABLE VIII

Racial Grouping
of
Families with Children

<u>Race</u>	<u>No. of Families</u>
American Indian	3
Negro	4
Chinese	2
Mixed (Oriental and White)	2
White	<u>119</u>
Total	130

Among the 88 adult families served, all were Caucasians. Only 3 in this group were not native born Americans. These three exceptions were 2 Italian men and 1 English woman.

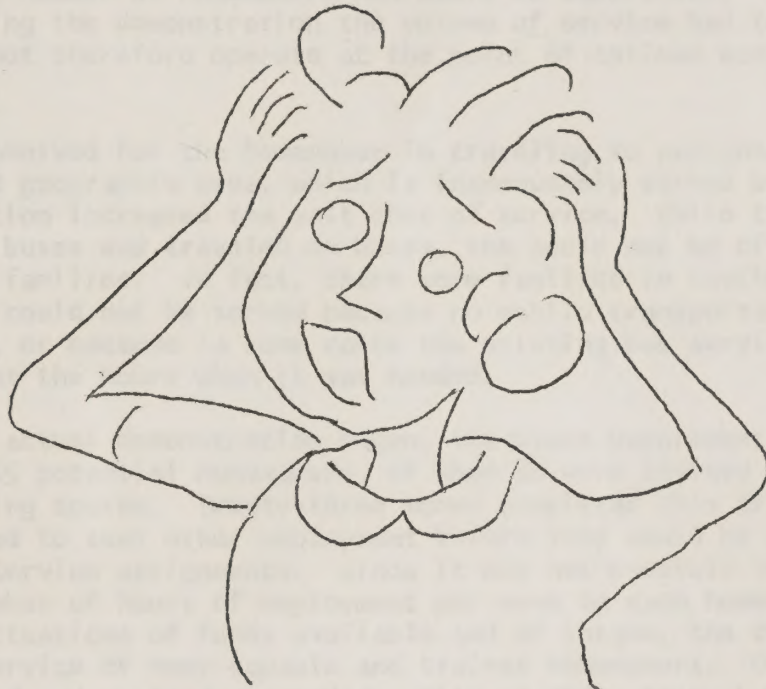
E. AGE OF ADULT FAMILIES

A total of 88 adult families were served during the demonstration. Of these only 10 were under 65 years of age. The age range for all adult families served was from 45 years to 94 years. The average age of recipients of service over 65 years was 78.



SUMMARY OF PROBLEMS AND
SERVICE GAPS

SUMMARY OF PROBLEMS AND SERVICE GAPS



TENSION, TAUT NERVES, UNDERWEIGHT,

RUNDOWN, DOCTOR'S R_x

HOMEMAKER SERVICE

SUMMARY OF PROBLEMS AND SERVICE GAPS

SUMMARY OF PROBLEMS AND SERVICE GAPS

- A. Because of the very large geographic area, 77 $\frac{1}{2}$ square miles, the project attempted to serve, as well as the real limitations on funds available for service, many harassing difficulties arose. Budgetary limitations made it impossible to expand the professional staff, which in turn limited the number of homemakers who could be supervised. In other words, during the demonstration the volume of service had to be limited, and could not therefore operate at the point of optimum economic efficiency.

The time involved for the homemaker in traveling to assignments in a wide-spread geographic area, which is inadequately served by public transportation increased the unit cost of service. While the homemaker waited for buses and traveled on buses, she could not be offering service to families. In fact, there were families in southern Alameda County who could not be served because no public transportation reached their area, or because in some cases the existing bus service was not scheduled at the hours when it was needed.

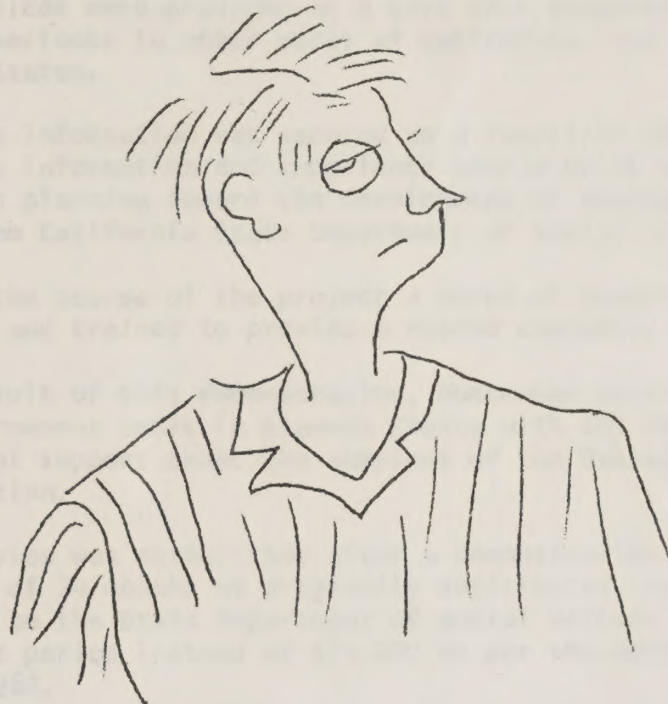
- B. Before the actual demonstration began, the State Department of Employment recruited 55 potential homemakers, of whom 30 were invited to take a 30-hour training course. Twenty-three women completed this training course, but some had to seek other employment before they could be used on Homemaker Service assignments. Since it was not possible to guarantee a certain number of hours of employment per week to each homemaker, because of the fluctuations of funds available and of intake, the demonstration lost the service of many capable and trained homemakers. Others had to be recruited and trained as needed. This placed a heavy burden on the Director as considerable professional time was used in the screening, interviewing, follow-up on references and in simply making contacts with prospective homemakers.
- C. Difficulty arose in trying to assign some homemakers to serve both families with children and the aged. Ideally, a homemaker should be able to serve any kind of family, but practically, some do their best work with the aged, and others, with families where there are children.
- D. The constant emergencies which characterize a temporary and financially limited project like this one sometimes make it difficult to provide sufficient staff time to work out the best plans with potential referral resources. It would have been helpful to some of the families served if the caseworker could have carried them for one or two additional planning sessions after termination of Homemaker Service to the family.
- E. For adults under the age of 65, the financial resources of the project did not permit the kind of long-time service needed, and there were no community resources available to give help. Many aged persons receiving Old Age Security grants could have beneficially utilized Homemaker Service if it had been possible to make it available to them. In some cases there was difficulty in determining what was and what was not properly a nursing service.

- F. Many families applying for Homemaker Service were found to need 24-hour live-in housekeepers. These could not be served by Homemaker Service even though some of the families were desperately in need of assistance. With fatherless families where the mother becomes ill or goes into the hospital for surgery, there is a need for a "live-in" homemaker for a limited time. Such families should be served by Homemaker Service at least until some reasonable alternate plan for service can be made. When the mother is out of the home because of illness or accident and the father works at night or over weekends, ordinary scheduling is inadequate so that some special plan must be made for meeting such needs.
- G. When a working mother is unable to send her sick child to a Day Care Center, she faces a loss of income if she stays with the child. In some of the cases seen during the demonstration, it would have been possible for the mother to report back to work from two to five weeks earlier if Homemaker Service could have been provided to care for the convalescing child.
- H. In families where the mother had a chronic illness which required substantial amounts of home help over a long period, it was not possible to assign the amount of help needed, yet such situations profoundly influence the future of the children involved, and some community resources should be available to help meet this need.
- I. The so-called "multi-problem" family could not be served during the demonstration except on a short-term, emergency basis. However, with several agencies participating in planning jointly with the family, Homemaker Service might prove a most valuable tool in the process of rehabilitating such a family.



SUMMARY OF ACCOMPLISHMENTS

- A. The people of Alabama have received a great deal of help from the government during the past few years. The government has been very helpful in many ways.
- B. It has helped them in many ways. It has helped them in many ways.
- C. The services were given to the people of Alabama. The services were given to the people of Alabama.
- D. Valuable information was given to the people of Alabama. Valuable information was given to the people of Alabama.
- E. During the course of the project, many people were trained. During the course of the project, many people were trained.
- F. As a result of the project, many people have been helped. As a result of the project, many people have been helped.
- G. The project has been very successful. The project has been very successful.
- H. During the project, many people have been helped. During the project, many people have been helped.



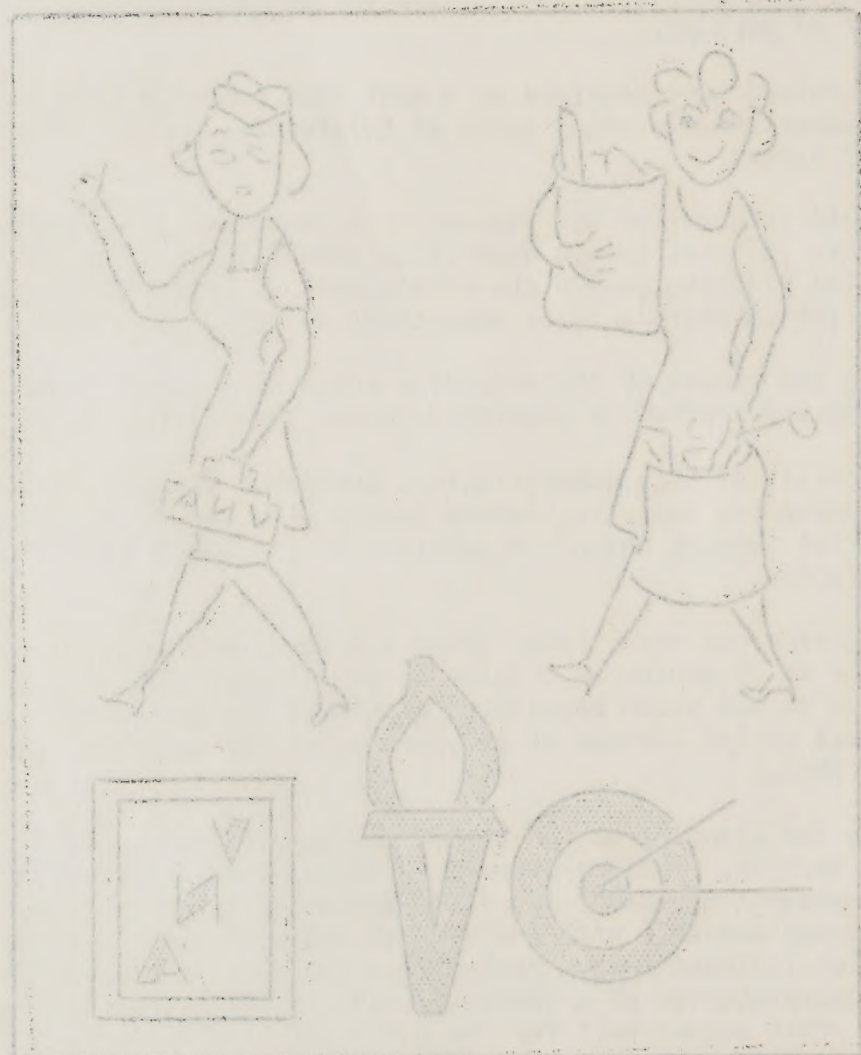
SLEEPLESS NIGHTS SPENT CARING FOR A SICK
WIFE DON'T HELP YOU AT WORK - CALL
HOMEMAKER SERVICE

SUMMARY OF ACCOMPLISHMENTS

SUMMARY OF ACCOMPLISHMENTS

- A. The people of Alameda County received a total of 24,285 hours of Homemaker Service during the operation of the Homemaker Service demonstration project by the Council of Social Planning-Alameda County.
- B. It was proven beyond doubt that Homemaker Service is a valuable and needed service in Alameda County, and that within the demonstration period the security of family life was maintained for a significant number of persons.
- C. The services were provided at a cost that compares very favorably with cost experience in other parts of California, and for that matter in the United States.
- D. Valuable information was secured as a result of the demonstration project, and this information and experience should be of value to other communities planning toward the development of Homemaker Services, as well as to the California State Department of Social Welfare.
- E. During the course of the project a corps of devoted homemakers were recruited and trained to provide a needed community service.
- F. As a result of this demonstration, Homemaker Service has been established on a permanent basis in Alameda County with the United Bay Area Crusade's financial support under the auspices of the Oakland Visiting Nurse Association.
- G. The service was established after a demonstration period of 21 months instead of 24 months as originally anticipated, and at a cost of \$10,000 to the State Department of Social Welfare during the last contract period instead of \$15,000 as per the agreement signed in June, 1962.
- H. During the planning period alone, 164 club groups heard talks on Homemaker Service. This represents an audience of around 5,000 adults. The newspaper articles, the distribution of 10,000 brochures and the day-to-day contacts with individuals and with Health and Welfare agencies indicate that a real effort was made on a county-wide basis for interpretation of a community need and of a service to meet this need. This augurs well for the extension of Homemaker Service under either public or private auspices as may be determined most appropriate in the future.

PLAN FOR CONTINUANCE OF SERVICE
AS A PERMANENT PROGRAM



PLAN FOR CONTINUANCE OF SERVICE
AS A PERMANENT PROGRAM

PLAN FOR CONTINUANCE OF SERVICE
AS A PERMANENT PROGRAM

The original plan for continuation of Homemaker Service in Alameda County after the demonstration period was to transfer the service to the Alameda County Welfare Department to be supported out of tax funds. However, after a few months of operation it became evident that the plan to transfer the service to the Welfare Department was neither practical nor realistic at this time, although from the beginning the staff of the Alameda County Welfare Department recognized the usefulness of Homemaker Service and its contribution in preventing family breakdown.

Upon reaching the conclusion that the service could not be transferred to the Alameda County Welfare Department, the Council of Social Planning-Alameda County began exploring other auspices and means of financial support for continuation of the service. In view of the clientele served by the project (98% with health problems) and experience in other parts of the country, it seemed logical for the Advisory Committee to explore the Oakland Visiting Nurse Association's interest in administering the service. As a result of this exploration, the Board of Directors of the Oakland Visiting Nurse Association agreed to undertake continuance of the service provided funding on a permanent basis could be secured.

With the support of the Executive Committee of the Alameda County United Fund, Homemaker Service was admitted for budget participation in the United Bay Area Crusade. The service will continue on a permanent basis under the auspices of the Oakland Visiting Nurse Association.

As in the case of the demonstration project, there will be limitations on both the amount and kind of service offered in the permanent service. In the first place, no case work service will be offered except where a case work agency refers and undertakes continuing case work supervision. This is a deficiency in the new program, but this can be overcome by the addition of a trained caseworker to the Visiting Nurse Association staff as soon as funds will permit. Secondly, the United Crusade support, generous as it is for a new service, is not adequate to the size of the total need, and extension of Homemaker Service will be needed.

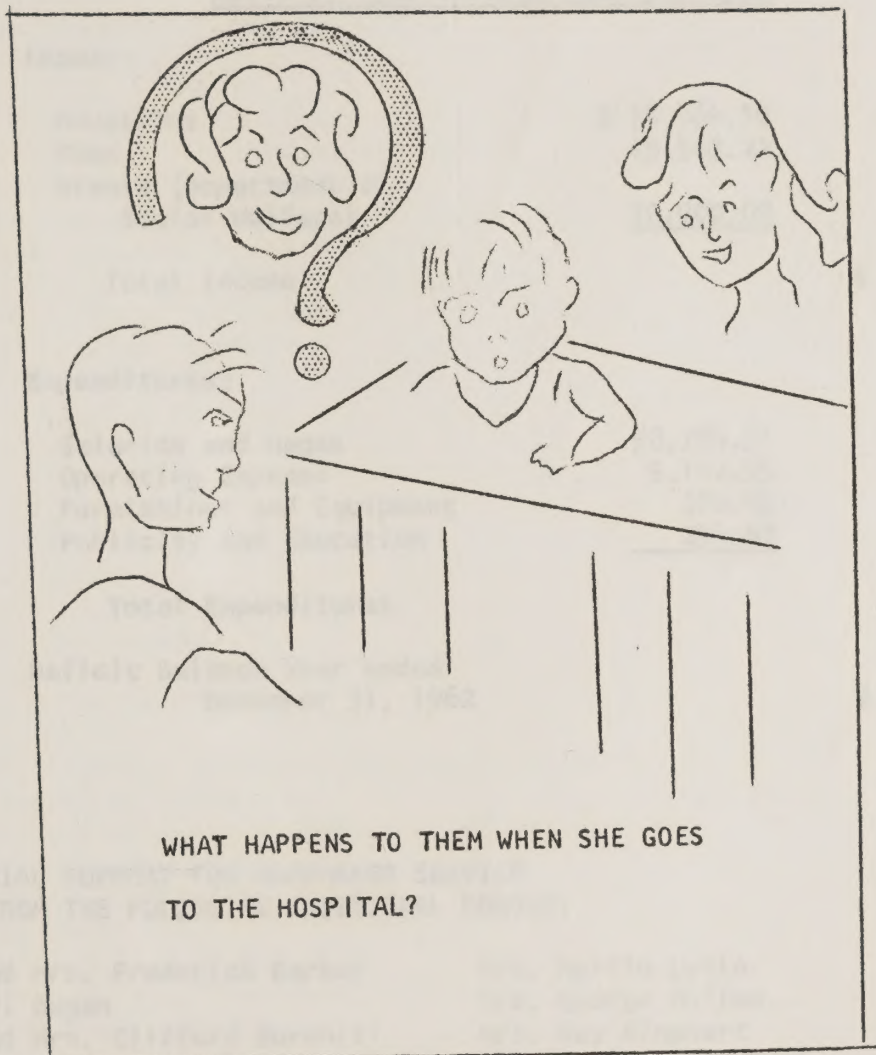
The new service will be restricted to families in which illness, accident or old age is the reason behind the need for Homemaker Service. Although such cases formed over 90% of the cases coming to Homemaker Service during the demonstration, the need for service by families facing breakdown because of social and personality difficulties is present and will not be met by the new service.

One asset that the new program has that was not present in the demonstration is the trust and goodwill with which the medical profession sees Visiting Nurse Association. Good working relationships already exist between the agency and the medical professional, and it is reasonable to expect that these will extend to the new program.

The Visiting Nurse Associations, in Oakland and Berkeley, do cover the entire county, and it will be possible to have more on the job supervision from the visiting nurse than was possible in the demonstration. Then, too, the nursing services which can be offered will undoubtedly be welcomed by the families. It was not possible to offer such services during the demonstration, since no supervising nurse was available, so the new service will solve some of the difficulties which could not be met in the demonstration.

The fact that temporary housing will be arranged through an existing agency means your agency is administering, and an actual source is making available. Since the money is already there and under the direction of the Administration.

FINANCIAL



FINANCIAL SUPPORT

The fact that Homemaker Service will be offered through an existing agency means some saving in administration, and an actual asset in public relations since the community already knows and trusts the Visiting Nurse Association.

FINANCE

HOMEMAKER SERVICE SUMMARY OF INCOME AND EXPENDITURES April 1, 1961 through Dec. 31, 1962

Income:

Donations	\$ 14,464.10	
Fees	19,563.22	
Grants (Department of Social Welfare)	<u>30,000.00</u>	
Total Income		\$ 64,027.32

Expenditures:

Salaries and Wages	58,784.51	
Operating Expense	5,102.55	
Furnishings and Equipment	306.45	
Publicity and Education	<u>254.42</u>	
Total Expenditures		<u>64,447.93</u>

Deficit Balance Year ended December 31, 1962		\$ 420.61
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FINANCIAL SUPPORT FOR HOMEMAKER SERVICE CAME FROM THE FOLLOWING INDIVIDUAL DONORS:

Mr. and Mrs. Frederick Barker	Mrs. Myrtle Lytle
Mrs. Vi Bogan	Mrs. George Mullen
Mr. and Mrs. Clifford Burnhill	Mrs. Kay Rinehart
Mr. and Mrs. C. A. Chichester	Mr. and Mrs. Tom Russ
Miss Hattie Espy	Mr. and Mrs. Delbert Smith
Mrs. Ethel Ferrea	Miss Catherine Stearns
Mrs. William Guinaw	Mr. and Mrs. Theodore Tarail
Mrs. A. Hatch	Mrs. Isabel Van Frank
Mrs. Dee Ligons	Mrs. Gladys Worthington

FINANCIAL SUPPORT FOR HOMEMAKER SERVICE
CAME FROM THE FOLLOWING ORGANIZATIONS:

Alameda County T. B. and Health Assn.
Alameda County Welfare Department Employees
Alameda Senior Club
Alameda Seventh Day Adventist Church
Alpha Phi Alumni
American Cancer Society
American Red Cross - Berkeley Chapter
American Red Cross - Oakland Chapter
Bay Area Service League
Berkeley Senior League
Calif. Fed. of Women's Clubs, Alameda District
California Social Workers Organization
Child Welfare Services Funds
State Department of Social Welfare
Consumers' Cooperative of Berkeley
Friendship Circle - Oakland Jewish Center
Home and Children's Alliance
The James Irvine Foundation
Jewish Family Service
Junior League of Oakland
Kahn Foundation
Lincoln Child Center, Staff
The Links, Inc.
Live Oak Senior Citizens
Lutheran Laymen
Montclair B. & P.W.C.
National Foundation, The
Northbrae Women's Club
Permanente Doctors' Wives
Piedmont Rotary
Senior Citizens - Berkeley Area Jewish Center
Soroptimists of Berkeley
Soroptimists of East Oakland
Soroptimists of Oakland
Theta Delta Xi Sorority
Visiting Nurse Association - Oakland
Women's City Club of Berkeley
Women's Auxiliary, Alameda-Contra Costa Medical Assn.
YWCA - Oakland
Zonta of Berkeley
Zonta of Oakland
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